

Media Application Form

Submit date Y M D

Deadline: by 5 P.M of the day before

Name of Production Company _____

Address _____

Contact name _____

Shooting date	Y M D ()		
Shooting time	am / pm	:	~ am / pm :
Description of shoot			
	Contact name	Phone (mobile)	- - - -
	Number of crew members	E-mail address	
	Shooting location		
Title (Journal, TV, etc.)			
Publication (on-air) date			
Remarks			

Notes: Please follow the instructions from the staff.
Press pass will be issued at the group reception on the 1st floor.

弊社 使用 欄	営業時間外照明作動	<input type="checkbox"/> あり
		<input type="checkbox"/> なし
	その他連絡事項	

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Planning Department

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Please send it by E-mail or Fax.